

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/044,169  
1007-01

## CLAIMS AS FILED - PART I

|   | (Column 1)   | (Column 2)   |
|---|--------------|--------------|
| TOTAL CLAIMS  | 8            |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 8 minus 20 = | *            |
| INDEPENDENT CLAIMS  | 2 minus 3 =  | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

|             | (Column 1)  |   | (Column 2)                         |    | (Column 3)    |
|-------------|---|---|------------------------------------|----|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |    | PRESENT EXTRA |
|             | Total   | 8 | Minus                              | 20 | =             |
|             | Independent   | 2 | Minus                              | 3  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |    |               |

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    |        | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 740    |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE       | ADDI- TIONAL FEE |    | RATE       | ADDI- TIONAL FEE |
|------------|------------------|----|------------|------------------|
| X\$ 9=     |                  | OR | X\$18=     |                  |
| X42=       |                  | OR | X84=       |                  |
| +140=      |                  | OR | +280=      |                  |
| TOTAL      |                  | OR | TOTAL      |                  |
| ADDIT. FEE |                  | OR | ADDIT. FEE |                  |

| RATE       | ADDI- TIONAL FEE |    | RATE       | ADDI- TIONAL FEE |
|------------|------------------|----|------------|------------------|
| X\$ 9=     |                  | OR | X\$18=     |                  |
| X42=       |                  | OR | X84=       |                  |
| +140=      |                  | OR | +280=      |                  |
| TOTAL      |                  | OR | TOTAL      |                  |
| ADDIT. FEE |                  | OR | ADDIT. FEE |                  |

| RATE       | ADDI- TIONAL FEE |    | RATE       | ADDI- TIONAL FEE |
|------------|------------------|----|------------|------------------|
| X\$ 9=     |                  | OR | X\$18=     |                  |
| X42=       |                  | OR | X84=       |                  |
| +140=      |                  | OR | +280=      |                  |
| TOTAL      |                  | OR | TOTAL      |                  |
| ADDIT. FEE |                  | OR | ADDIT. FEE |                  |

11/9/05

|             | (Column 1)  |    | (Column 2)                         |    | (Column 3)    |
|-------------|---|----|------------------------------------|----|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT  |    | HIGHEST NUMBER PREVIOUSLY PAID FOR |    | PRESENT EXTRA |
|             | Total   | 18 | Minus                              | 20 | =             |
|             | Independent   | 2  | Minus                              | 3  | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |    |                                    |    |               |

|             | (Column 1)  |   | (Column 2)                         |     | (Column 3)    |
|-------------|---|---|------------------------------------|-----|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT  |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|             | Total   | * | Minus                              | **  | =             |
|             | Independent   | * | Minus                              | *** | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |   |                                    |     |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.